

COUNTY OF SULLIVAN INDUSTRIAL DEVELOPMENT AGENCY
One Cablevision Center
Ferndale, New York 12734
845-295-2603

APPLICATION FOR FINANCIAL ASSISTANCE

RECEIVED
JAN 23 2018

BY: 

I. A. APPLICANT INFORMATION:

Company Name: Middletown Medical PC
Address: Thompson Square Mall, 4058 Rte 42N
Phone No.: 914.850.0757 (cell)
Telefax No.: 845.622.4774
Email Address: melissa.wolff@middletownmedical.com
Fed Id. No.: 061127657
Contact Person: Melissa Wolff

Monticello
~~Thompson~~,
NY 127

Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

Principal Owners (Shareholders/Members/Owners): Rajan Gulati

Directors/Managers: _____

Officers: _____

Corporate Structure (attach schematic if Applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity:

Corporation (Sub-s) (P.C.)

Date of incorporation: 11/23/84
State of incorporation: New York

Partnership

General _____ or Limited _____
Number of general partners _____

If applicable, number of limited partners _____

Date of formation: _____

Jurisdiction formation: _____

Limited Liability Company/Partnership (number of members _____)

Date of organization: _____

State of organization: _____

Sole Proprietorship

If a foreign organization, is the Applicant authorized to do business in the State of New York? Yes ___ No ___ N/A ___ (If so, please append Certificate of Authority.)

APPLICANT'S COUNSEL

Name: Robert Fink

Address: 210 Main St, PO Box 900, Gasden NY 10924

Phone No.: 845 294 9721

Telefax No.: _____

Email Address: rwjfk@frontiernet.net

II. REQUESTED FINANCIAL ASSISTANCE

	<u>Estimated Value</u>
Real Property Tax Abatement (estimated)	\$ _____
Mortgage Tax Exemption	\$ _____
Sales and Use Tax Exemption	\$ 1,100,000 88,000*
Issuance by the Agency of Tax Exempt Bonds	\$ _____

* This is the sales tax exemption on the equipment costs of \$1,100,000.

- CT scan
- Xray machine
- building supplies
- medical office equipment
- other equipment (alarm system, sprinkler system, etc.)

III. PROJECT INFORMATION

A.) Project Location:

Project Address: Thompson Square Mall, 4058 Rt 42N, Thompson NY
Tax Map Number(s): 13.3-40.3
Located in the Village of: _____
Located in Town of Thompson
Located in the School District of Monticello
Located in Hamlet of _____

(i) Are Utilities on Site?

Water/Sewer Electric
Gas Storm Sewer

(ii) Present legal owner of the site: Heidenberg Properties

If other than Applicant, by what means will the site be acquired for this Project:

(iii) Zoning of Project Site: Current: Proposed: _____

(iv) Are any variances needed: not

(v) Principal Use of Project upon completion: Medical Offices

B.) Will the Project result in the removal of a plant or facility of the Applicant or a proposed Project occupant from one area of the State of New York to another area of the State of New York? No; If yes, please explain:

C.) Will the Project result in the abandonment of one or more Plants or facilities of the Applicant or a proposed Project occupant located in the State of New York? Yes; If yes, please explain:

We are consolidating two offices - 515 Broadway and 104 Jefferson Street, Suite 1 in Monticello

D.) If the answer to either question B or C above is yes, you are required to indicate whether any of the following apply to the Project:

1. Is the Project reasonably necessary to preserve the competitive position of the Applicant or such Project Occupant in its industry? Yes ; No . If yes, please explain:

To reduce costs and bring medical services to one office

2. Is the Project reasonably necessary to discourage the Applicant or such Project Occupant from removing such other plant or facility to a location outside the State of New York? Yes ; No . If yes, please explain:

Providing high quality health care is increasingly difficult due to reduced reimbursements and increased patient needs.

- E.) Will the Project include facilities or property that will be primarily used in making retail sales of goods or provide services to customers who personally visit such facilities? NO; If yes, please contact the Agency for additional information.

- F.) Please provide a narrative of the Project and the purpose of the Project (new build, renovations, and/or all equipment purchases). Identify specific uses occurring within the Project. Describe any and all tenants and any/all end users. Describe the proposed acquisitions, construction or reconstruction and a description of the costs and expenditures expected. Attach additional sheets, if necessary.

(See next page)

We need to go where we can maximize our investments to keep patient care as robust as possible.

G.) COSTS AND BENEFITS OF THE PROJECT

Costs = Financial Assistance

Estimated Sales Tax Exemption	\$ 88,000 88,000
Estimated Mortgage Tax Exemption	\$ _____
Estimated Property Tax Abatement	\$ _____
Estimated Interest Savings IRB Issue	\$ _____

Project description:

We are renovating a 10,000 square foot facility in the Shoprite Plaza located at 46 Thompson Square, Monticello, NY 12701 to provide health care to the community. We will be consolidating two Monticello physician offices and, in addition, opening an Urgent Care Center to serve the local residents.

We will be upgrading the current space to include 20 exam rooms with physician offices, 2 waiting rooms, an Xray unit and a state-of-the-art CAT Scan machine.

We are estimating that the renovations will require a \$1,500,000 investment to complete, retaining 28 jobs and creating an additional 10 jobs. We intend to hire from the local workforce whenever possible.

Statement:

If the County of Sullivan Industrial Development Agency is not able to approve our project, we will have to reconsider such a large investment in the Monticello area. Healthcare is increasingly becoming more challenging due to reductions in insurance payments and the increase in the needs of patients. As the elderly population continues to age, they are needing more and more care, requiring more health care providers and services, but with reducing revenue. We need to maximize our investments to make the most of every dollar so we can continue to serve our patients. Without the assistance of the County of Sullivan Industrial Development Agency, our project may not be able to move forward.

Benefits= Economic Development

Jobs created 10
Jobs retained 28
Private funds invested \$ 1.5M
Other Benefits _____

Estimate how many construction/permanent jobs will be created or retained as a result of this Project:

Construction: 40 jobs for 4 months
Permanent: _____
Retained (at current facility): _____

Project Costs (Estimates)

Land and Existing Buildings \$ _____
Soft Costs (5%) \$ 1.5 M
Other \$ _____
Total \$ _____

In addition to the above estimated capital costs of the project, which must include all costs of real property and equipment acquisition and building construction or reconstruction, you must include details on the amounts to be financed from private sector sources, an estimate of the percentage of project costs financed from public sector sources and an estimate of both the amount to be invested by the Applicant and the amount to be borrowed to finance the Project.

All funds are from private investments

In addition to the job figures provided above, please indicate the following:

- 1) The projected number of full time equivalent jobs that would be retained and that would be created if the request for financial assistance is granted.

28 jobs will be retained & 10 jobs will be created.

- 2) The projected timeframe for the creation of new jobs.

3 years

- 3) The estimated salary and fringe benefit averages or ranges for categories of the jobs that would be retained or created if the request for financial assistance is granted.

(see next page)

Category of jobs to be retained and created	Average annual salary	Average fringe benefits offered
Physicians	\$200,000	Health insurance, malpractice insurance, PTO
PAs/NPs	\$100,000	Health insurance, malpractice insurance, PTO
Receptionists/Billing	\$29,000	Health insurance, PTO
RNs, LPNs, Techs	\$48,000	Health insurance, PTO
Medical Assistants	\$27,000	Health insurance, PTO

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- 4) An estimate of the number of residents of the economic development region as established pursuant to section two hundred thirty of the Economic Development Law, in which the project is located that would fill such jobs. The labor market area defined by the agency (Mid-Hudson Economic Development Region)

We hope to recruit many of the positions from the local residents, especially receptionists, billing and nurses.

- H.) State whether there is a likelihood that the project would not be undertaken but for the financial assistance provided by the Agency, or, if the project could be undertaken without financial assistance provided by the Agency, a statement indicating why the project should be undertaken by the Agency _____

See next page

IV. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A) Job Listings. In accordance with Section 858-b (2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the Project will be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entities") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in which the Project is located.
- B) First Consideration for Employment. In accordance with Section 858-b (2) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the Applicant will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for new employment opportunities created as a result of the Project.
- C) Annual Sales Tax Filings. In accordance with Section 874(8) of the New York General Municipal Law, the Applicant understands and agrees that, if the Project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the Applicant agrees to file, or cause to be filed, with the New York State Department

of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the Applicant and all consultants or subcontractors retained by the Applicant.

- D) Annual Employment Reports. The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site.
- E) Absence of Conflicts of Interest. The Applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described.
- F.) The Applicant represents that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:
- § 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.
- G.) The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- H.) The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.
- I.) The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.

The Applicant and the individual executing this Application on behalf of the Applicant acknowledge that the Agency will rely on the representations made herein when acting on this Application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

(APPLICANT)

[Signature]
By: (NAME, TITLE)

Date: 1/18/2018

STATE OF NEW YORK)
COUNTY OF SULLIVAN) ss.:

Rajan Gulati, being first duly sworn, deposes and says:

1. That I am the President of Missletoe Medical (collectively, the, "Applicant") and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.

Rajan Gulati
(NAME)

Subscribed and affirmed to me under penalties of perjury
this 18 day of January, 2018.

[Signature]
(Notary Public)

MARJORIE INGRASSIA
Notary Public, State of New York
No. 4992533
Qualified in Orange County
Commission Expires 5/4/19

HOLD HARMLESS AGREEMENT

Applicant hereby releases the COUNTY OF SULLIVAN INDUSTRIAL DEVELOPMENT AGENCY and the members, officers, servants, agents and employees thereof ("Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with the respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

(APPLICANT)

By: (NAME, TITLE)

Date:

1/18/2018

Sworn to before me this 18 day of January, 2018.

Notary Public

MARJORIE INGRASSIA
Notary Public, State of New York
No. 492533
Qualified in Orange County
Commission Expires 5/4/19

THIS APPLICATION SHALL BE SUBMITTED WITH (I) TWO CHECKS: ONE COVERING A \$250.00 APPLICATION FEE AND THE SECOND COVERING A \$5,000.00 UP-FRONT ESCROW DEPOSIT; AND (II) APPLICANT'S FORMATION DOCUMENTS (IE: IF A CORPORATION: ITS CERTIFICATE OF INCORPORATION AND BYLAWS; IF A LIMITED LIABILITY COMPANY: ITS ARTICLES OF ORGANIZATION AND OPERATING AGREEMENT; IF A LIMITED PARTNERSHIP: ITS CERTIFICATE OF LIMITED PARTNERSHIP AND LIMITED PARTNERSHIP AGREEMENT; OR IF A PARTNERSHIP: ITS PARTNERSHIP AGREEMENT TO:

**COUNTY OF SULLIVAN INDUSTRIAL DEVELOPMENT AGENCY
Executive Director
ONE CABLEVISION CENTER
FERNDALE, NEW YORK 12734**